

**UTAH DEPARTMENT OF HEALTH
BUREAU OF LICENSING
CHILD CARE UNIT**

File No. _____

REQUEST FOR AGENCY ACTION/VARIANCE APPLICATION

In accordance with Title 26, Chapter 29, Utah Code Annotated and Rule 430-2-15, Utah Department of Health Rules for child care facilities, a Request for Agency Action is made for a variance to licensure rule and/or standards.

I. IDENTIFYING INFORMATION:

1. NAME OF FACILITY _____ TELEPHONE _____

ADDRESS _____

CITY, STATE, ZIP _____

2. RULE (INCLUDE TITLE AND SECTION) FROM WHICH THE VARIANCE IS BEING REQUESTED:

3. TIME PERIOD FOR WHICH THE VARIANCE IS REQUESTED:

4. IS THE FACILITY CURRENTLY LICENSED? YES ☒ NO ☒

IF YES, EXPIRATION DATE: _____

IF NO, ANTICIPATED APPLICATION DATE: _____

II. FACTS FORMING BASIS FOR VARIANCE:

5. THE SPECIFIC REASON FOR THE REQUEST INCLUDING WHY COMPLIANCE WITH THE RULE CANNOT BE ACCOMPLISHED:

6. EXPLAIN HOW THE HEALTH AND SAFETY OF THE CHILDREN WILL BE MAINTAINED IF THE VARIANCE IS GRANTED:
7. IF THE VARIANCE INVOLVES THE PHYSICAL STRUCTURE OR EQUIPMENT, DESCRIBE THE SPECIFIC LOCATION WITHIN THE FACILITY IN WHICH THE VARIANCE WILL BE UTILIZED:

III. NOTIFICATION OF INTERESTED PARTIES:

This request for variance has been mailed to the following parties:

Name

Address

IV. CERTIFICATION OF REQUEST:

Name _____ Title _____

Signature _____ Date _____